

FamilyWorks Consent to TeleTherapy

By signing my initials by each statement, I am indicating my understanding and agreement with the following statements pertaining to teletherapy services:

____ I understand that I am seeking services from a therapist at FamilyWorks Clinic who will be delivering synchronous therapeutic services using a secure video platform adhering to relevant state and federal regulatory requirements, or guidelines (teletherapy).

____ I understand that FamilyWorks is a training facility and engaging in teletherapy services from FamilyWorks can include receiving therapy from a single therapist, having a co-therapist team, engaging in consultation teams, and recording for educational and training purposes.

____ I understand that FamilyWorks is not an emergency facility and cannot provide crisis or emergency services. If you call during the evening or on a weekend, your therapist may not receive the message until the next business day. Should you or one of your family members require emergency assistance, please call any of the following:

- 911
- the National Suicide & Crisis Lifeline: call or text 988
- the Georgia Crisis and Access Line (GCAL) at 1-800-715-4225
- the nearest hospital emergency room

____ I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

____ I understand that the laws that protect the confidentiality of my medical and mental health information also apply to teletherapy.

____ I understand that the information disclosed by me during my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self-and/or ascertainable victims.

____ I understand that my therapist may contact my emergency contact and/or appropriate authorities in case of emergency. This includes calling 911, 988, my local emergency service number, or my emergency contact person.

____ I understand that teletherapy cannot occur if I am outside the state of Georgia.

____ I understand my responsibility to ensure that I participate in all teletherapy sessions in a secure location.

____ I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services), I will be provided with a list of referrals

____ I agree not to bring those who have not signed the Informed Consent into therapy sessions.

____ I understand that technical difficulties may occur, and I will call FamilyWorks and my therapist will offer solutions to try trouble shoot to fix the problem.

____ I agree to call 911 or proceed to the nearest hospital emergency room if I am experiencing an emergency.

____ I understand that there are risks and benefits of teletherapy, including, but not limited to:

Risks:

- Teletherapy may be less effective than traditional in-person therapy.
- The transmission of my health information could be disrupted or distorted by technical failures.
- Therapists engaging in teletherapy services have limited ability to respond to emergencies.
- Teletherapy may not be appropriate for certain therapeutic issues.
- There may be technical difficulties or interruptions that could affect the quality of the session.
- There may be security risks associated with transmitting information over the internet, such as the transmission and/or storage of personal health information could be interrupted by unauthorized persons.

Benefits:

- Teletherapy can increase access to therapy.
- Teletherapy allows for flexibility when scheduling therapy appointments by eliminating the need for travel time and other logistical challenges.
- Teletherapy can be conducted from the privacy of one's own home or office, which can reduce the risk of stigma or confidentiality breaches associated with attending in-person appointments.
- Teletherapy can be more convenient for people with mobility or transportation issues.

In case of emergency, my location is: _____.

My emergency contact's information is _____.

Name	Phone Number
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By signing below, I acknowledge that I have read and understand the information provided above, and that I have discussed any questions or concerns that I may have with my therapist. I agree to participate in teletherapy sessions under the terms described above.

Client Signature

Date